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**Electronic progress note example 1: patient whose last quit attempt was NOT successful, DOES want to try again using NON-BUPROPION treatment.**

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We spoke to [patient's name] by phone on [date]. [Mr./Ms. patient's name] WANTS TO ATTEMPT TO QUIT SMOKING IN THE NEXT [30 DAYS/6 months] using [drug1 choice, drug2 choice] [and] [individual/group counseling]. Please consider arranging [drug therapy and/or counseling] to help patient meet [his/her] quit goal.

CURRENT PATIENT INFORMATION:

- \* Tried to quit smoking using [drug] in [last fill month/year].
- \* [Did/Did not] receive counseling with this quit attempt [(name of cessation clinic if appropriate)].
- \* Relapsed to smoking after [#] days abstinence.
- \* Currently smoking [current # cigs/day]/day.
- \* Main problems remaining abstinent include challenge1][challenge2] [challenge3].
- \* Reported [no/some] side effects with [drug] [(list of any side effects reported)].

Please sign to acknowledge receipt and, if possible, make addendum with plan of action. You can share this information with another staff member by writing an addendum to this note and adding an additional signer.

It takes most patients several attempts to successfully quit smoking. For information on how to help a patient who is ready to quit smoking, see the Quick Reference Guide for Clinicians at <http://www.surgeongeneral.gov/tobacco/tobaqrg.htm>